

MICHELE W. SHAFE

Clark County Assessor

500 S. GRAND CENTRAL PKY. * PO BOX 551401

LAS VEGAS, NEVADA 89155-1401

APPLICATION & QUESTIONNAIRE FOR PROPERTY TAX EXEMPTION

NAME OF ORGANIZATION: _____ ISSUE DATE: _____
(PLEASE PRINT)

CONTACT NAME: _____ EMAIL ADDRESS: _____

CONTACT PHONE: _____ BUSINESS PHONE: _____

MAILING ADDRESS: _____
CITY / STATE ZIP

LOCATION ADDRESS: _____
(IF THERE ARE MULTIPLE LOCATION ADDRESSES, PLEASE ATTACH AN ADDITIONAL SHEET) ZIP

ARE YOU CLAIMING EXEMPTION FOR: (CHECK ALL THAT APPLY)

☐ REAL PROPERTY ASSESSOR'S PARCEL NUMBER: _____

☐ PERSONAL PROPERTY ASSESSOR'S ID NUMBER: _____

DO YOU CURRENTLY HAVE AN EXEMPTION ON ANY OTHER PROPERTY? ☐ NO ☐ YES

(If YES, please list Parcel or Assessor ID numbers) _____

1. Pursuant to Nevada Revised Statutes, what type of Exemption is being applied for? Please check applicable Statute(s) listed below.

- | | |
|--|-------------|
| <input type="checkbox"/> Charter Schools | NRS 361.065 |
| <input type="checkbox"/> Water Users | NRS 361.073 |
| <input type="checkbox"/> Care of Orphans or Indigent | NRS 361.083 |
| <input type="checkbox"/> Housing for Elderly or Handicapped | NRS 361.086 |
| <input type="checkbox"/> Veteran's Organization | NRS 361.095 |
| <input type="checkbox"/> University Charitable Foundation | NRS 361.098 |
| <input type="checkbox"/> University Fraternity / Sorority | NRS 361.100 |
| <input type="checkbox"/> Non-Profit Private School | NRS 361.105 |
| <input type="checkbox"/> Certain Apprenticeship Programs | NRS 361.106 |
| <input type="checkbox"/> Specific Organization | NRS 361.110 |
| <input type="checkbox"/> Church, Chapel Property | NRS 361.125 |
| <input type="checkbox"/> Lodges / Charitable Organization | NRS 361.135 |
| <input type="checkbox"/> Religious, Educational, Charitable Corporations | NRS 361.140 |
| <input type="checkbox"/> Other (Please List NRS) _____ | |

2. If your organization is a church or religious society, please answer the following:

Number of members? _____

How often does your church hold services? _____

Name of church Clergyman? _____

In what church has your Clergyman been ordained? _____

Name of seminary or theological school from which your Clergyman graduated? _____

Does your organization have functions in addition to those of a religious nature? ☐ YES ☐ NO

If yes, type of functions? _____

3. If you organization is not a church or a religious society, does it provide medical care to people who are not able to pay?

☐ YES ☐ NO

4. Is your organization a corporation or affiliated with a corporation?

☐ YES Please attach copy of **Corporate Articles, Bylaws, State Charter** and current **Annual Financial Statement**.

☐ NO Please furnish copy of current **Annual Financial Statement**.

ALL DOCUMENT FURNISHED MUST BE COMPLETE WITH SIGNATURES, DATES AND ENDORSED BY THE APPROPRIATE AGENCY.

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5. State the purpose of your organization. _____

6. Has your organization been granted a use permit at the property in accordance with the organization purposes and projects?
☐ YES **PLEASE ATTACH A COPY OF THE DOCUMENTATION**
☐ NO
7. What are the sources of income for your organization?
- | | | |
|-------------------|----------------------------|-------|
| Government Grants | Percentage of total income | _____ |
| Donation | Percentage of total income | _____ |
| Sales of any kind | Percentage of total income | _____ |
| Services | Percentage of total income | _____ |
| Other | Percentage of total income | _____ |
- (THIS AREA MUST CORRESPOND WITH YOUR FINANCIAL STATEMENT)**
8. For what purpose is the income of the organization used? _____

9. Do people who perform the services or sales, receive compensation for their work? ☐ YES ☐ NO
10. Are the people who perform the services or sales, members of the organization for which an exemption is requested?
☐ YES ☐ NO
11. Do you own or rent / lease your present location? ☐ Own ☐ Rent / Lease
IF YOU ARE RENTING / LEASING, PLEASE SUBMIT A COPY OF RENTAL OR LEASE AGREEMENT.
12. Who is the owner of record and / or legal owner of the **real property** on which an exemption is requested?

13. Are there any contracts currently that will affect the future ownership of the above real property?
☐ YES ☐ NO **IF YES, PLEASE ATTACH A COPY OF THE DOCUMENTATION.**
14. Is all or any part of the real or personal property leased, rented to or used by anyone other than your organization?
☐ YES ☐ NO **IF YES, PLEASE SUBMIT NAME, ADDRESS, TELEPHONE NUMBER AND A COPY OF LEASE OR RENTAL AGREEMENT.**
15. Please attach any other documents you rely upon in support of your claim for exemption and explain their significance.

I HEREBY ATTEST UNDER PENALTY OF PERJURY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____

TITLE: _____

DATE: _____